



Iowa Department of Health and Human Services
Home- and Community-Based Services (HCBS)
Waiver Priority Need Assessment (WPNA)

Applicant Name	Date
Social Security Number or State ID	Date of Birth

Applicant has applied for the following HCBS Waiver:

- | | |
|---|--|
| <input type="checkbox"/> Brain Injury Waiver | <input type="checkbox"/> Intellectual Disability Waiver |
| <input type="checkbox"/> Children's Mental Health Waiver | <input type="checkbox"/> Physical Disability Waiver |
| <input type="checkbox"/> Health and Disability Waiver | |

Emergency Need Criteria – Check all that apply and provide detail on the next page:

- ☐ 1. The usual caregiver has died or is incapable of providing care, and no other caregivers are available to provide needed supports.
- ☐ 2. The applicant has lost primary residence or will be losing housing within 30 days and has no other housing options available.
- ☐ 3. The applicant is living in a homeless shelter and no alternative housing options are available.
- ☐ 4. There is founded abuse or neglect by a caregiver or others living within the home of the applicant, and the applicant must move from the home.
- ☐ 5. The applicant cannot meet basic health and safety needs without immediate supports. (Not applicable to children under age 18 due to parental responsibility)
- ☐ 6. There is reasonable belief that person is in imminent danger, or would be subject to abuse or neglect if the person does not receive immediate support or services
- ☐ 7. The applicant is in crisis and institutionalization is imminent without supports in the next 30-60 days.
- ☐ 8. The caregiver is in extreme duress and can no longer provide for the applicant's health and safety without supports in the next 30 to 60 days.

Total Emergency Criteria Checked _____

Urgent Need Criteria – Check all that apply and provide detail on the next page:

- ☐ 1. The caregiver will need support within 60 days for the applicant to remain living in the current situation.
- ☐ 2. The caregiver will be unable to continue to provide care within the next 60 days.
- ☐ 3. The caregiver is 55 years of age or older and has a chronic or long-term physical or psychological condition that limits the ability to provide care.
- ☐ 4. The applicant is living in temporary housing and plans to move within 31 to 120 days.
- ☐ 5. The applicant is losing permanent housing and plans to move within 31 to 120 days.
- ☐ 6. The caregiver will be unable to be employed if services are not available.
- ☐ 7. There is a potential risk of abuse or neglect by a caregiver or others within the home of the applicant.
- ☐ 8. The applicant has behaviors that put the applicant at risk.
- ☐ 9. The applicant has behaviors that put others at risk.
- ☐ 10. The applicant is at risk of facility placement when needs could be met through community-based services.

Total Urgent Criteria Checked _____

Applicants who meet an emergency need criterion shall be placed on the emergency reserved capacity priority waiting list based on the total number of criteria that are met. If applicants meet an equal number of criteria, the position on the waiting list shall be based on the date of application and the age of the applicant. The applicant who has been on the waiting list longer shall be placed higher on the waiting list. If the application date is the same, the older applicant shall be placed higher on the waiting list.

Applicants who meet an urgent need criterion shall be placed on the priority waiting list after applicants who meet emergency need criteria. The position on the waiting list shall be based on the total number of criteria that are met. If applicants meet an equal number of criteria, the position on the waiting list shall be based on the date of application and the age of the applicant. The applicant who has been on the waiting list longer shall be placed higher on the waiting list. If the application date is the same, the older applicant shall be placed higher on the waiting list.

Applicants who do not meet emergency or urgent need criteria shall remain on the waiting list, based on the date of application. If the application date is the same, the older applicant shall be placed higher on the waiting list. Applicants shall remain on the waiting list until a payment slot has been assigned to them for use, they withdraw from the list, or they become ineligible for the waiver. If there is a change in an applicant's need, the applicant may contact the local department office and request that a new emergency needs assessment be completed. The outcome of the assessment shall determine placement on the waiting list as described above.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Assessment Completed by (print name)	Signature
Contact Phone Number	Relationship to Applicant
Contact Email	Date

Or by email to: WaiverSlot@hhs.iowa.gov